

**FORMS REQUEST- RESIDENTIAL CARE FACILITIES FOR THE ELDERLY**

<b>FORM NUMBER AND TITLE</b> <i>(Only one master copy will be sent for duplicating purposes. Please refer to our websites for additional copies of forms).</i>		<b>(Check <input checked="" type="checkbox"/> One)</b>		
		<b>ENGLISH</b>	<b>SPANISH</b>	<b>BOTH</b>
LIC 308	Designation of Administrative Responsibility			
LIC 309	Administrative Organization*			
LIC 400	Affidavit Regarding Client/Resident Cash Resources*			
LIC 405	Record of Client's/Resident's Safeguarded Cash Resources			
LIC 424	Accounting Record for Change of Licensee			
LIC 500	Personnel Report*			
LIC 501	Personnel Record*			
LIC 503	Health Screening Report - Facility Personnel*			
LIC 508	Criminal Record Statement*			
LIC 601	Identification and Emergency Information			
LIC 602A	Physicians Report for Residential Care Facilities For the Elderly			
LIC 603A	Resident Appraisal-Residential Care Facilities For the Elderly			
LIC 604A	Admission Agreement-Residential Care Facilities For the Elderly			
LIC 605A	Release of Client/Resident Medical Information			
LIC 610	Emergency Disaster Plan*			
LIC 613	Personal Rights*			
LIC 621	Client/Resident Personal Property and Valuables			
LIC 622	Centrally Stored Medication and Destruction Record*			
LIC 624	Unusual Incident/Injury Report			
LIC 624A	Death Report			
LIC 625	Appraisal/Needs and Services Plan*			
LIC 627C	Consent for Emergency Medical Treatment*			
LIC 9020	Register of Facility Clients/Residents			
LIC 9060	Resident Theft and Loss Record			
LIC 9158	Telecommunications Device Notification Form			
LIC 9163	Live Scan Application*			
LIC 9172	Functional Capability Assessment			
LIC 9183	Fingerprint Instructions (For State Licensed Facilities)*			
LIC 9194	Live Scan Instructions (For State Licensed Facilities)			
FD 258 (CCL)	FBI Fingerprint Card (Not available on Internet)			
PUB 325	Your Right To Make Decisions About Medical Treatment			
SOC 341A	Statement Acknowledging Requirement To Report Suspected Abuse Of A Dependent Adult Or Elder			

Licensing forms in English may be accessed at <http://www.dss.cahwnet.gov>Licensing forms in Spanish may be accessed at <http://www.dss.cahwnet.gov>**PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX**CDSS Warehouse  
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TO _____ Facility Name		
_____ Facility Address		
_____ City	_____ State	_____ Zip
Check One Licensed By: <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY		

CUSTOMER'S PHONE NUMBER

\_\_\_\_\_

Date \_\_\_\_\_